APPOINTMENT STANDARDIZATION

OPERATIONAL OVERVIEW

and

CHCS APS II DESIGN

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APPOINTMENT STANDARDIZATION

Topics

- **Objectives**
- **Overview of CHCS Booking Design**
- **The APS Phases**
- **APS I Tools**
  - Review of Features
  - What Sites Can Implement Now

APPOINTMENT STANDARDIZATION

Topics

- **APS II Tools**
  - Overview of Features
  - New Functions
  - Reports
- **How to Use the Tools**
  - Appointment Type Operational Definitions and Scenarios
- Coffee Break
  - Detail Codes Definitions and Scenarios
- **How to Use the Tools Together**
- Break for the Day

APPOINTMENT STANDARDIZATION
Topics

- **How Do the Tools Work**
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    - »Health Care Finder Booking Modules
    - »Browse
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APPOINTMENT STANDARDIZATION
Topics

- **How do the Tools Work (continued)**
  - **New Functions**
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    - »Operational Forces Booking

- Coffee Break

APPOINTMENT STANDARDIZATION
Topics

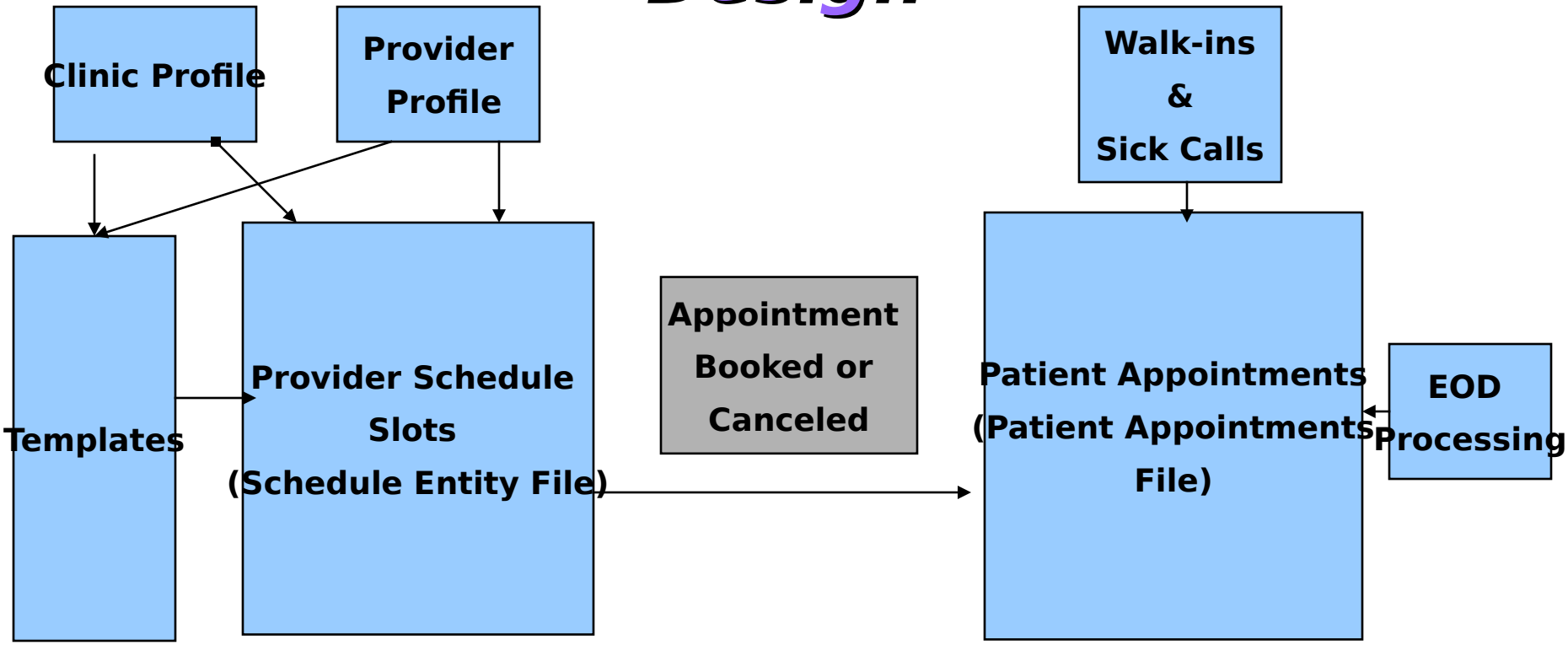
- **How to Set Up the Tools**
  - Site Preparation
    - »APS II Conversion
    - »File and Table Build
    - »General Guidance
- **Where to go for Information**
- **Training**
- **Questions**

APPOINTMENT STANDARDIZATION

Overview of CHCS Booking Design

APPOINTMENT STANDARDIZATION

APS I - Template/Schedule Design



APPOINTMENT STANDARDIZATION
APS I - Overview of Booking

- **Files**
  - **Clinic Profile**: contains data and flags describing processing specific to that clinic including clinic specialties, clinic appointment types, workload type, and others
  - **Provider Profile**: contains data describing processing specific to that provider within a clinic including appointment types, workload count indicators, provider specialties, and others
  - **Templates**: Generic schedules for a provider within a clinic, usually for a day of the week. Used to build provider schedules that seldom change.

APPOINTMENT STANDARDIZATION
APS I - Overview of Booking

- **Files (continued)**
  - **Schedules**: A list of a provider's appointment slots that are available to be booked within a clinic. Includes the schedule slot status such as open, booked, frozen. Slots are marked when booked. Open slots may have been filled by walk-in or sick call appointments but will remain open.
  - **Patient Appointments**: A list by patient of the appointments booked including the appointment status,i.e. kept, walk-in, cancel, admin, occ-svc, no show, lwobs, sick call, etc.
  - A schedule slot becomes an appointment in the Patient Appointment file when it is booked to a patient.

APPOINTMENT STANDARDIZATION
APS I - Overview of Booking

- **Files (continued)**
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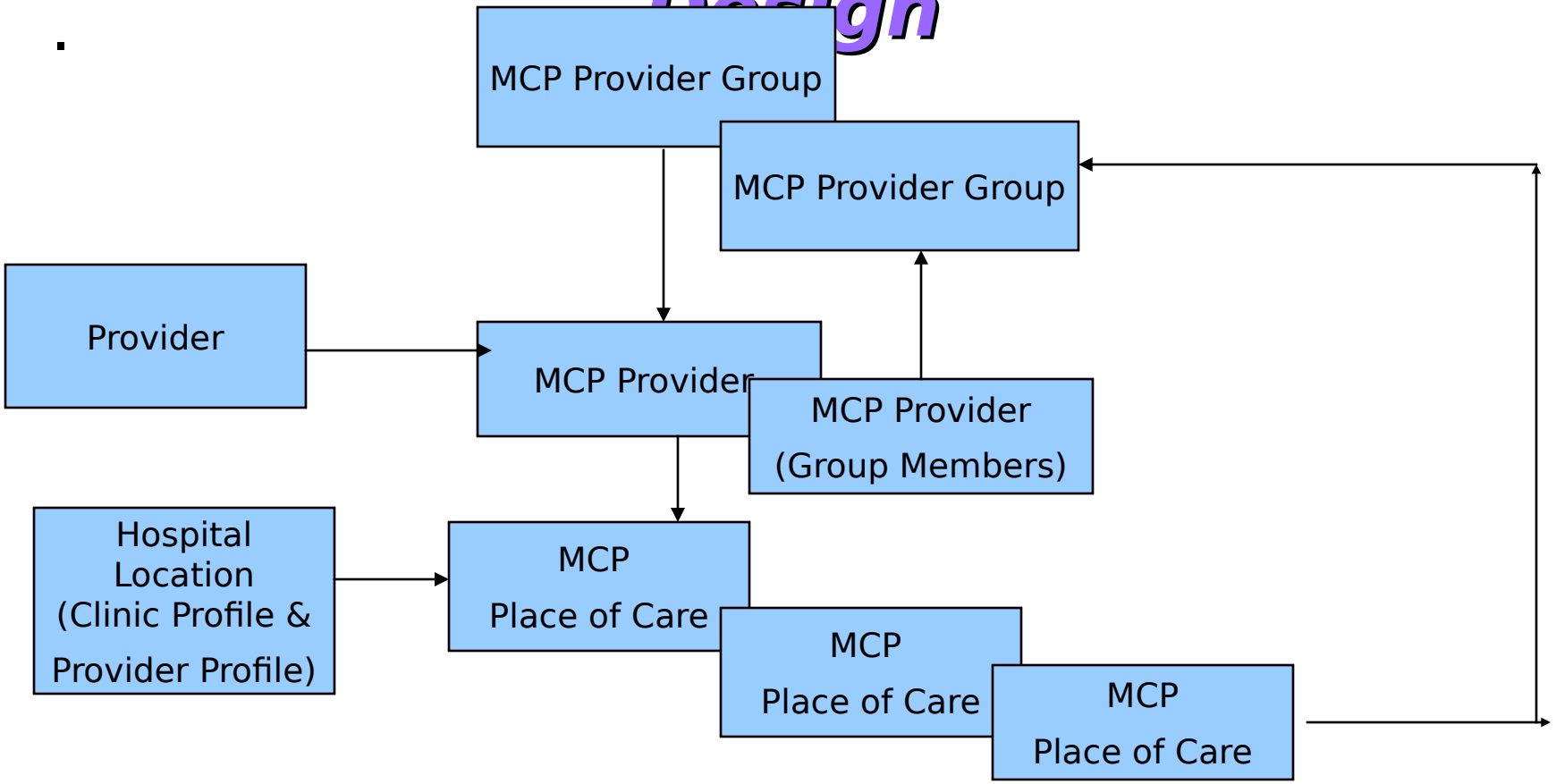
APPOINTMENT STANDARDIZATION
APS I - Template & Schedule Design

- Data Elements in Templates and Schedules
  - Clinic
  - Provider
  - Date/Time of the Appointment
  - Appointment Type
  - Workload Type (count or non-count)
  - Duration (in minutes)
  - Slot Comment
  - Appointment Status (open, frozen, booked, canceled)

APPOINTMENT STANDARDIZATION

APS I - MCP File and Table Design



APPOINTMENT STANDARDIZATION

The APS Phases

APPOINTMENT STANDARDIZATION
Software Releases

- APS I released in November 2000
- APS II projected for release in October 2001
- Access To Care Summary Report alpha test in January - March 2001

APPOINTMENT STANDARDIZATION

APS I Tools

APPOINTMENT STANDARDIZATION
APS I - Review of Features

- Nine standard appointment types with nine MTF Book Only appointment types available, e.g., PCM, ACUT, ROUT, PCM$, ACUT$, ROUT$
- MTF Book Only indicates that contractors should not book these appointments
- MTF Book Only appointment types ($) may be used for one clinic, one division, or all divisions on a CHCS host
- Expanded Detail code table released for site review but not implemented

APPOINTMENT STANDARDIZATION
APS I - Review of Features

- MCP is implemented
- PAS becomes a secondary menu option. Use is restricted to dental, ancillary, and self-referral clinics (until APS II)
- PAS Clerk Menu renamed the Clerk Front Desk Functions Menu. Moved to MCP Menu.
- Dental and Ancillary may continue to use PAS

APPOINTMENT STANDARDIZATION
APS I - Review of Features

- **Short term solution**: A temporary version of each standard appointment type created to indicate non-count appointments until APS II is available. Uses the nine standard appointment types with an “X” extender, I.e., PCMX, ACUTX, ROUTX, etc. Sites should add these to the Appointment Type File.
- Allows sites, particularly Patient Web-based appointing sites, to begin using the standard appointment types

APPOINTMENT STANDARDIZATION
APS I - What Sites Can Implement Now

- Nine standard appointment types plus two versions of each appointment type with “$” and “X” extenders
- Use detail codes in the slot comment field, delimited with semicolons, e.g. BPAD;MA;17-65. The APS II Conversion will move up to 3 detail codes from the slot comment to the 3 new detail code fields.
- Access to Care Summary Report
- Convert 90% of all appointments by 1 October 2001

APPOINTMENT STANDARDIZATION

The APS II Tools

APPOINTMENT STANDARDIZATION
APS II - Overview of Features

- Detail code fields implemented to indicate special restrictions or resources required for an appointment including clinical resources, patient access codes, age, web access codes, readiness, and patient gender. Approximately 150 - 200 standard detail codes.
- Capability to define appointment duration, workload type, and up to 3 detail codes on each appointment slot when building Templates and Schedules

APPOINTMENT STANDARDIZATION
APS II - Overview of Features

- Clinic defines own clinic help lists for Detail Codes
- Capability to search on up to 3 Detail Codes when booking an appointment
- Capability to reconfigure an appointment slot in order to book the patient into it. Clerk can change appointment type, detail codes, appointment duration, and workload type. Capability is tied to two security keys, one for appointment types and detail codes and one for the workload type.

APPOINTMENT STANDARDIZATION
APS II - New Functions

- The **Self-Referral Module** allows a patient to request an appointment at a specialty clinic without a referral. The clinic must be designated in CHCS as self-referral. Supports the federally mandated right of the patient to self-refer for certain types of clinical care.
- Capability to book **Operational Forces** beneficiaries to any PCM in any place of care within their home MTF. (Temporarily on hold awaiting policy formulation.)

APPOINTMENT STANDARDIZATION
APS II - Reports

- Appointment Detail Code Schedule Utilization Report - Helps sites perform schedule planning analysis based on detail codes .
- Self-Referral Report - Lists the self-referrals issued by clinic.

APPOINTMENT STANDARDIZATION

How to Use the Tools

APPOINTMENT STANDARDIZATION

APS II NEW CODES

- Standard Appointment Types
- Detail Codes
  - Clinical Resources/Procedures
  - Web Appointing Codes
  - Age Codes
  - Patient Gender Codes
  - Miscellaneous
  - Patient Access Types
- Workload Type

APPOINTMENT STANDARDIZATION

STANDARD APPOINTMENT TYPES

APPOINTMENT STANDARDIZATION

Appointment Type Operational Definitions

- **Nine standard appointment types**
  - **Primary Care Only**
    - » **PCM** — **28 day access**
    - » **ROUT** — **7 day access**
  - **Specialty Care Only**
    - » **SPEC** — **28 days/provider design**
  - **Both Primary and Specialty Care**
    - » **ACUT** — **24 hour access**
    - » **WELL** — **28 day access**
    - » **PROC** — **28 days/provider design**
    - » **EST** — **provider designated**
    - » **GRP** — **provider designated**
    - » **TCON** — **N/A**

APPOINTMENT STANDARDIZATION

Appointment Type Operational Definitions

- The PCM appointment type is designed for the initial primary care visit with the PCM to collect health data, family history, readiness data, and possibly HEAR data. A PCM visit may not be the patient's first visit to the PCM since an acute or routine appointment may precede a PCM visit. This appointment type should be used by sites to track whether the PCM has completed this initial visit required as a TRICARE benefit. This appointment type is not designed for use for acute or routine health care. The WELL appointment type should be used for the annual exam.

  The initial PCM appointment will map to the 28-day Wellness ATC category.

APPOINTMENT STANDARDIZATION

Appointment Type Operational Definitions

- The ROUT appointment type is designated for patients who require *an office visit with the PCM for a new health care problem that is not considered urgent*. Patients may be routed through Nurse Triage, if available… In those locations where Nurse Triage is not in place the concept of "prudent lay-person terminology" will be used in determining whether the patient should be given a routine or acute appointment. If the patient insists on an acute appointment, every effort will be made to book one within access standards using the “Order of Precedence for Appointments Search” business rule or approved local policy.

  The ROUT appointments type will map to the 7-day Routine ATC category.

APPOINTMENT STANDARDIZATION

Appointment Type Operational Definitions

- The SPEC appointment type is designed for the *initial appointment (by consult or referral) to a specialist*. A specialty appointment is reserved for care to be delivered by a network or MTF specialist for a specific disease process.

  The initial specialty care appointment will map to the 28 day Specialty ATC category by default, unless a consultation between the referring provider and the specialist specifies that the visit to the specialist must occur sooner. The requirement for a specialist visit to occur sooner than 28 days will be documented on the electronic CHCS Consult Order or other applicable automated consult system.

APPOINTMENT STANDARDIZATION

Appointment Type Operational Definitions

- The ACUT appointment type is designed for scheduling appointments for beneficiaries who have a need for *non-emergent, urgent care* typically delivered by an MTF or network provider. ACUT is synonymous with the intent of "Same Day " appointments. Before an ACUT appointment is scheduled appropriate nurse triage may occur to determine the most appropriate level of treatment for the patient's medical problem.

- The acute appointment will map to the 24-hour Acute ATC category.

APPOINTMENT STANDARDIZATION

Appointment Type Operational Definitions

- The WELL appointment type is designated for patients who require *preventive, health maintenance care* (e.g., periodic examinations, physical exams, check-ups, immunizations, screenings, PAP, or PPIP).

  The WELL appointment type will map to the 28-day Wellness Access-To-Care standard.

APPOINTMENT STANDARDIZATION

Appointment Type Operational Definitions

- The EST appointment type is designated for patients who request *appointments with the PCM other than for acute health care, initial PCM appointments, or wellness*. The EST appointments will also be used when a patient is being *scheduled for follow-up care from either a Specialist or for Primary Care*.

  An established appointment should be scheduled with a provider per the initial provider's designation.

APPOINTMENT STANDARDIZATION

Appointment Type Operational Definitions

- The PROC appointment type is designated for patients who are determined to be in need of *medical procedures other than those that are performed in the Ambulatory Procedure Unit* (APU - B**5 MEPRS Clinics).

  Procedures performed in APUs will be considered Ambulatory Procedure Visits (APVs) and will be scheduled using the CHCS APV subsystem.

  A procedure appointment should be scheduled with a provider within 28 days and in accordance with the referring provider's designated time.

APPOINTMENT STANDARDIZATION

Appointment Type Operational Definitions

- The GRP (Group) appointment type will be used for patients who must be scheduled for *therapy, counseling, or teaching sessions where a provider will perform the intervention in a group setting*. The detail field can be used to provide further information to indicate the purpose of the group appointment type (e.g., NPCL for New Prenatal Class).

  A group appointment should be scheduled per the referring provider's designation.

APPOINTMENT STANDARDIZATION

Appointment Type Operational Definitions

- The TCON appointment type is used for Telephone Consults between the provider and a patient.

  TCON appointment types will default to non-count unless the provider designates them as count consults.

  TCON appointments have no access standard.

  Provider Preferences may override the workload type in the Provider Profile.

APPOINTMENT STANDARDIZATION

Appointment Type Operational Definitions

- MTF or Clinic Book Only appointment types are the nine standard appointment types with a “$” extender, I.e., PCM$, ROUT$, WELL$, etc.
- Non-Count Appointment Types are the nine standard appointment types with an “X” extender, e.g., PCMX, ROUTX, SPECX. These codes are a short term solution to be used only prior to APS II.
  - » Always set the Workload Type for these appointment types to non-count in the Clinic and Provider Profiles
  - » An appointment assigned one of these appointment types will have a non-count workload value if defined correctly

APPOINTMENT STANDARDIZATION

Appointment Type Operational Definitions

- Other appointment types currently used by CHCS for special processing will be supported as standard appointment types

  - APV (Ambulatory Procedure Visit. This appointment type can be booked in MCP. ACV is used for outpatient same day surgery visits in all clinics with a location type of S for same day surgery.)
  - EROOM (EROOM is the default. The Emergency Room may use EROOM or any standard appointment type.)

APPOINTMENT STANDARDIZATION

Appointment Type Operational Definitions

- N-MTF (A downtown appointment logged into CHCS. This appointment type must be added to the Non-MTF Place of Care's (Clinic) profile and to the individual provider profiles for each provider linked to that non-MTF place of care. When a HCF logs a non-MTF appointment, the system will automatically populate the appointment type field with the N-MTF appointment type.)

- T-CON* (a TCON that needs to be answered. This non-searchable appointment type must be added to an individual provider's Provider Profile and the provider must be a User in the User file before telephone consults may be entered for the specified provider.)

APPOINTMENT STANDARDIZATION

Appointment Type Operational Definitions

- The following clinics are recommended as specialty clinics, either self-referral or provider referred. Use SPEC appointment type for these.
  - Allergy
  - Community Health
  - Family Advocacy
  - Mental Health
  - Nutrition
  - Occupational Health
  - Orthopedics

APPOINTMENT STANDARDIZATION

Appointment Type Operational Definitions

- The following clinics are all specialty clinics, either self-referral or provider referred (cont)
  - Optometry
  - Physical Therapy
  - Psychology
  - Psychiatry
  - Social Work
  - Substance Abuse

APPOINTMENT STANDARDIZATION

STANDARD DETAIL CODES

APPOINTMENT STANDARDIZATION
Standard Detail Codes

- A new option, Appointment Detail Codes Enter/Edit, will be added to the PAS File/Table Maintenance Menu in PAS (MENU PATH: C=>PAS=>S=>FILE=>DFIL)

- AFIL Activate/Inactivate Clinic Provider
- CFIL Create A New Clinic
- EFIL Enter/Edit MEPRS Codes/COST POOL Codes
- MFIL Method of Transit Enter/Edit
- OFIL Outpatient Disposition Enter/Edit
- PFIL PAS Mailer Menu
- **DFIL Appointment Detail Codes Enter/Edit**
- BFIL Booking Service Type Enter/Edit
- SFIL Schedule Modification Reason Enter/Edit
- TFIL Trackable Entity Enter/Edit
- WFIL Wait List Priority Enter/Edit
- XFIL Activate/Inactivate Treatment Room

- Select File/Table Maintenance Menu Option: DFIL Appointment Detail Codes Enter/Edit

APPOINTMENT STANDARDIZATION

Detail Codes - What are they?

- Detail codes are used to control patient access to an appointment slot or to reserve resources for the appointment, i.e., the right patient to the right provider in the right place
- Types of standard detail codes
  - clinical resource (procedures and evaluations)
  - patient age
  - patient gender
  - web appointing
  - other
  - patient access types

APPOINTMENT STANDARDIZATION

Detail Codes - What are they?

- All detail codes are optional.
- Clinics will only use the detail codes that apply to them.
- Sites should determine whether care should be defined by an existing/new hospital location or by a detail code.
- Generally used for special clinical care required on an interim basis or used to schedule a particular type of care in a multi-specialty setting, e.g. OB or GYN
- If no detail codes are specified, any patient may be booked to the appointment.

APPOINTMENT STANDARDIZATION

Examples of Standard Detail Codes

- Asthma Asthma evaluation or education appointments
- BEPC Birth and Early Parenting Class
- BFC Breast Feeding Class
- BK Back Pain or Problem
- BTL Bilateral Tubal Ligation
- Chol Cholesterol
- Circ Circumcision
- Colpo Colposcopy−abnormal pap required
- DM Diabetes
- EDU Education
- MEB Evaluation Board Physical Exam
- NO No
- REM Removal
- TobCes Tobacco Cessation
- See Appx M, *Commander's Guide to Access Success*

APPOINTMENT STANDARDIZATION

Detail Codes Utilization

- In APS II clerks will be able to search for appointments using the standard detail codes
- Until the APS II enhancements to CHCS are installed, sites may enter standard detail codes as free text into the appointment slot comment field where the booking clerk may view the comment when selecting an appointment

APPOINTMENT STANDARDIZATION

Detail Codes - Clinical Resources

- Used to identify resources that must be reserved or procedures that must be performed for the appointment such as equipment or staff, e.g., Anger, PAP, Flight Physical Exam, Physical Exam, Asthma, Diabetes, etc.
- The clinical detail codes are intended primarily for specialty care and wellness care but have applications in Primary Care
- Approximately 150 - 200 detail codes, ca. 60 are procedures

APPOINTMENT STANDARDIZATION

Clinical Resource Detail Codes - What are they?

- Procedures
- Education/Classes
- Evaluation/Assessments
- Counseling
- Equipment Reservation
- Support Readiness
- Care that requires an unusual duration.
- Care in a multi-specialty clinic
- Provider Professional Category - temporary

APPOINTMENT STANDARDIZATION

Clinical Resource Detail Codes - What they are Not

- A place of care. Detail codes should not duplicate existing clinic names (hospital locations) at the MTF.
- Appointment type
- Provider specialty
- Provider group
- Diagnosis
- Standard care that can be rendered in a normal appointment without special resources

APPOINTMENT STANDARDIZATION

Detail Codes - Patient Age Codes

- Used to indicate the appropriate age of the patient for the appointment
- Patient Age Codes should be created by the sites in the Detail Code file and must adhere to the following formatting standards in the form of an age range: 0-12, 65-120, 3M-6M, 1W-3W, 1D-3D, etc.
- “M” indicates age in months. “D” indicates age in days. “W” indicates age in weeks. The number alone indicates age in years
- The low and high numbers are inclusive and the lower age precedes the upper age limit
- Age codes do not require approval from the Lead Agent or TMA.

APPOINTMENT STANDARDIZATION

Detail Codes - Patient Gender Codes

- Patient gender codes ensure that appointments that are inappropriate for a gender are not assigned to that type of patient. These codes are important for web-based appointing.

  FE - Female
  MA - Male

APPOINTMENT STANDARDIZATION

Detail Codes - Web Appointing

- Two web appointing models are currently supported. One may go away.
  - WEA - A site marks all the appointments that are available to the web for the patient to book. Appointments without the WEA will not be offered to the patient to book.
  - WEX - The site opens all Primary Care appointments for web booking except those with a WEX detail code. Appointments with a WEX will not be offered to the patient to book.

APPOINTMENT STANDARDIZATION

Detail Codes - RPD

- The Readiness Post-Deployment (RPD) detail code is designated for patients who are seeking care for potentially deployment related experiences/exposures and for patients who are experiencing health concerns which they relate to a deployment….
- RPD appointments should follow an initial PCM evaluation.
- Should be a 30 minute appointment.
- May be booked as ACUT, ROUT, or WELL appointment types.
- Included RPRE also, Readiness Pre-Deployment

APPOINTMENT STANDARDIZATION

Detail Codes - Other

- Medicare
- Medical Evaluation Board
- Actions - Removal, No (Combined with other detail codes)
- Other detail code combinations, e.g. EDU or SCREEN

APPOINTMENT STANDARDIZATION

Requesting New Detail Codes

- Sites may create new detail codes provided they are approved by the Lead Agent APS POC.
- Lead Agent POCs from all Regions will coordinate new detail codes with the TMA Appointment Standardization Program Manager.
- New detail codes approved by the Lead Agent POCs and TMA will be used throughout the region and MHS.
- Approved detail codes will be published on the TRICARE Access Imperatives web page in the Commander's Guide to Access Success .

APPOINTMENT STANDARDIZATION

Requesting New Detail Codes

- Detail codes will be reviewed by the ASIPT every two weeks. Once approved, sites may add them to their Detail Code file and use them immediately.
- Detail codes will be released in CHCS on a monthly basis as they are approved.

APPOINTMENT STANDARDIZATION

Patient Access Type Operational Definitions

- Patient Access Type codes are special detail codes.
- The standard patient access codes should be used to reserve appointments for beneficiaries to meet TRICARE or contract quotients.

APPOINTMENT STANDARDIZATION

Patient Access Type Operational Definitions

- BPAD Active Duty Only
- BPPR Prime Only
- BPAP Active Duty and Prime
- BPGME Graduate Medical Education
- BPNAD No Active Duty
- BPNPR No Prime
- BPNAP No Active Duty, No Prime
- BPSP Special Programs Patients
- BPAPS Active Duty, Prime, and Special Programs
- BPTS TRICARE Standard/CHAMPUS

APPOINTMENT STANDARDIZATION

How To Use The
Tools Together

APPOINTMENT STANDARDIZATION
Appointment Types with Detail Codes

- Short Term Slot Comment Examples

Appointment Type	Detail Codes
PCM	BPPR
PCM	BPAD;17-65
ROUT	Asthma
WELL	BPAD;FE;PAP
WELL	WB;0-6M
SPEC	BPGME;65-120;PFT
SPEC	BK;17-120
GRP	NPCL
GRP	TobCes

APPOINTMENT STANDARDIZATION
Appointment Types with Detail Codes

- Examples of a mixed specialty clinic (OB/GYN or Internal Medicine with Occupational Therapy)

Appt Type	Detail Codes
EST	OB (Obstetrics)
EST	PAP (for Gynecology)

APPOINTMENT STANDARDIZATION
Appointment Types with Detail Codes

- Detail code combinations

Appt Type	Detail Codes
GRP	1TT;EDU (First Trimester Class)
SPEC	AD;SCREEN (Alcohol & Drug Screen)
WELL	NO;Flt (No flight exam)

APPOINTMENT STANDARDIZATION
Scenario - PCM Appointment

- Mrs. Snuffy, spouse of Lieutenant Snuffy, enrolled in TRICARE Prime (MTF) yesterday.
- She is not experiencing any acute health problems but wishes to "get established" with the MTF so she calls the TRICARE appointments line.
- The appointments clerk asks Mrs. Snuffy for the appropriate demographic information to establish her identity and enrollment status.

APPOINTMENT STANDARDIZATION
Scenario - PCM Appointment

- Upon seeing the appropriate demographic information (HCDP, Enrolled Clinic, PCM, etc) the appointments clerk confirms that Mrs. Snuffy is a TRICARE Prime Enrollee.
- The appointments clerk either (1) Asks Mrs. Snuffy if this is the first time she has asked for an appointment with her PCM or (2) Notices by viewing the patient's previous appointment history that Mrs. Snuffy has not had the initial health data collection visit with the PCM.

APPOINTMENT STANDARDIZATION
Scenario - PCM Appointment

- The appointments clerk asks Mrs. Snuffy if she has any acute health conditions that require that she see a doctor within 24 hours.
- Mrs. Snuffy replies that she does not.
- The appointments clerk schedules her for a PCM appointment.

APPOINTMENT STANDARDIZATION
Scenario - ROUT Appointment

- Mrs. Snuffy has been experiencing a pain in her shoulder joint area and decides to call the TRICARE Appointments Line to schedule a visit with her provider.
- The appointments clerk, in accordance with local guidelines or scripts, determines the patient's needs and may transfer Mrs. Snuffy's call to the Triage Nurse if Nurse Triage is available.

APPOINTMENT STANDARDIZATION
Scenario - ROUT Appointment

- Using approved protocols, the clerk or nurse rules out self-care and determines that an acute appointment isn't necessary, and that a routine appointment should be scheduled with Mrs. Snuffy’s provider within 7 days.
- Using the Order of Precedence for Appointments Search business rule or local protocols, the clerk or Triage Nurse books the ROUT appointment and gives the patient appropriate instruction.

APPOINTMENT STANDARDIZATION
Scenario - SPEC Appointment

- Mrs. Snuffy's PCM (Dr. Smith) notices some abnormalities in a routine office visit. Dr. Smith is extremely concerned about Mrs. Snuffy's examination and judges that an examination beyond the capability of a PCM is necessary.
- Dr. Smith sends a specific scheduled consult order to the Health Care Finder using the STAT priority.

APPOINTMENT STANDARDIZATION
Scenario - SPEC Appointment

- Dr. Smith also calls Dr. Bones, the Specialist, and discusses Mrs. Snuffy's case. The two agree that Mrs. Snuffy needs to be seen soon.
- The CHCS Consult Order is reviewed and designated for an appointment specifically with Dr. Bones.
- As a result of the consultation between Dr. Bones and Dr. Smith the referral priority is changed to a 72HRS priority, i.e., a referral within 3 days.

APPOINTMENT STANDARDIZATION
Scenario - SPEC Appointment

- Mrs. Snuffy is instructed to stop and see the front desk clerk on the way out to schedule the appointment.
- The clerk, who has access to Dr. Bones' schedule, pulls up the consult order on Mrs. Snuffy, understands the instructions in the consult order, and books an initial specialty care appointment (SPEC) with Dr. Bones within the 3 day timeframe specified.

APPOINTMENT STANDARDIZATION
Scenario - ACUT Appointment

- Mrs. Snuffy is experiencing flu-like symptoms and feels that she is in need of prescription medication.
- She calls the TRICARE Appointments line and explains that she needs an appointment to see a health care provider right away. She will be referred to nurse triage as appropriate.
- If Mrs.Snuffy, as a TRICARE Prime enrollee, reasonably feels, as a prudent lay person, that her condition needs attention within 24 hours, every effort will be made to ensure she receives an appointment consistent with the Order of Precedence for Appointments Search business rule or local policy.

APPOINTMENT STANDARDIZATION
Scenario - ACUT Appointment

- If not an emergency, the appointments clerk pulls up Mrs. Snuffy's demographic information and verifies her eligibility and TRICARE enrollment status.
- The clerk verifies that Mrs. Snuffy is seeking an immediate visit with her PCM to get treatment for flu-like symptoms.
- The clerk may or may not transfer Mrs. Snuffy's call to a triage nurse. Using appropriately approved protocols, the clerk or nurse determines whether Mrs. Snuffy (1) needs to have an office visit within 24 hours, (2) can wait for a "Routine" or "Established" patient appointment, or (3) can benefit from health care information or self-help instruction from the nurse.

APPOINTMENT STANDARDIZATION
Scenario - ACUT Appointment

- If the clerk or triage nurse determines that Mrs. Snuffy does need to be seen by a health care provider within 24 hours, the clerk/nurse will have access to the PCM clinic appointment schedule and can book an ACUT appointment immediately.

APPOINTMENT STANDARDIZATION
Scenario - EST Appointment

- Mrs. Snuffy had been seen as an acute patient (using the ACUT) appointment type last week for a severe upper respiratory infection.
- She is instructed to get a follow-up appointment one week later to ensure that the antibiotics prescribed work effectively.
- The PCM may use a CLN Order to provide instructions which will be available for the appointments clerk to properly book Mrs. Snuffy's follow-up appointment.

APPOINTMENT STANDARDIZATION
Scenario - EST Appointment

- One Alternative: The patient calls central appointments giving the clerk the appropriate information for accessing AOP in order to find the reviewed order and book an EST appointment.
- Better Alternative: The simple, user friendly method would be for the patient to simply relay the physician's instructions for a follow-up appointment next week to the front desk clerk who will book the patient's appointments using the EST appointment type before she leaves the clinic.

APPOINTMENT STANDARDIZATION
Scenario - WELL Appointment

- Mrs. Snuffy calls the TRICARE appointments line to ask for an appointment for her periodic physical examination.
- The appointments clerk pulls up the appropriate screen with Mrs. Snuffy's demographic information and enrollment status.
- The clerk does a search keyed on the WELLNESS ATC category (other appropriate identifiers may also be used for the search; e.g., PCM, detail field information, Well appointment type, etc.) and finds the next available WELL appointment slot. The clerk books the appointment for the patient.

APPOINTMENT STANDARDIZATION
Scenario - PROC Appointment

- SGT Snuffy had been referred to Gastroenterology. A Consult Order is written for this care.
- The Gastroenterologist decides that Snuffy needs to come back in one week for an Upper GI examination which will be performed in the clinic.
- Alternative 1 - (No scheduling personnel within clinic) The physician updates the consult order in the system for the procedure to be performed. Instructions to be given to SGT Snuffy are included on the consult order. SGT Snuffy is instructed to call the central appointments line and inform them he has a consult for a procedure to be scheduled (or the appointments clerk calls SGT Snuffy).

APPOINTMENT STANDARDIZATION
Scenario - PROC Appointment

- The appointments clerk is able to open AOP and select the consult order (review marked - "appoint to MTF") to schedule a PROC appointment for SGT Snuffy to have the procedure performed. The appointments clerk uses the information on the consult order to remind SGT Snuffy of the physician's instructions on how to be prepared for the procedure.

- Alternative 2 (more desirable) - SGT Snuffy is able to stop by the front desk of the clinic and get his PROC appointment scheduled before he leaves the clinic.

APPOINTMENT STANDARDIZATION

How Do the Tools Work?

What Do They Look Like ?

APPOINTMENT STANDARDIZATION
Template/Schedule Build

- **New Fields/New Rules**
  - *Slot Duration*: The duration will default from the appointment type duration in the Provider Profile. The scheduling clerk may correct the duration.
  - *Workload Type*: The workload type will always be non-count for non-count clinics. For count clinics, the workload type will default from the appointment type's workload type in the Provider Profile. The scheduling clerk may correct the workload type.

APPOINTMENT STANDARDIZATION

Template/Schedule Build

- **New Fields/New Rules (continued)**
  - *Detail Codes*: MTFs may assign up to 3 standard detail codes to each appointment slot. Check site guidelines for order of detail codes.
- ***Changed Field***
  - *Slot comment*: The slot comment is a free text field lengthened to 50 characters.
  - The slot comment will no longer appear on the appointment display screen but may be viewed by pressing F9 when selecting an appointment to book.

APPOINTMENT STANDARDIZATION

Template/Schedule Build

- During the build function, the user may now view the template or schedule together with the slot comments.
- Batch update function allows user to build multiple slots all with the same characteristics.

APPOINTMENT STANDARDIZATION

Templates

Create template for MONDAY CREATE/EDIT DAILY TEMPLATE

Clinic: PRIMARY CARE CLINIC
Provider: FROST,ROBERT

Start time: 0700
Stop time:
Number of slots: 10
Appointment Type: PCM
Workload Type: COUNT
Slot Duration: 30 minutes
Max # of Patients per Slot: 1
Detail Codes:
BPAD
17-65
Slot Comment: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

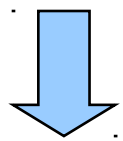
APPOINTMENT STANDARDIZATION

Schedules

Create schedules for MONDAY CREATE/EDIT SCHEDULES

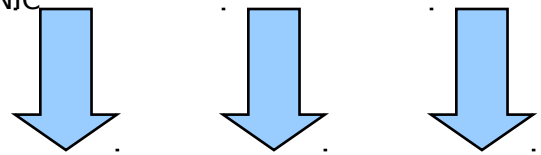
Clinic: PRIMARY CARE CLINIC
Provider: FROST,ROBERT

Start time: 0700
Stop time: 0900
Number of slots:
Appointment Type: PCM
Workload Type: COUNT
Slot Duration: 30 minutes
Max # of Patients per Slot: 1
Detail Codes:
BPAD
17-65
Slot comment:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



APPOINTMENT STANDARDIZATION

Display Daily Templates



```
================================== Start Screen 2:
=====================================
Template ID: MON PCC FROST                                          Page 1
Clinic:  PRIMARY CARE CLINIC
Provider: FROST,ROBERT
Day of Week: Monday

Start    Appt   # per
Time   Type   Slot    Dur   Detail Codes          WC          Slot Comment
=================================================================
================
0700   PCM       1    30  BPAD 17-65            C     XXXXXXXXXXXX XXXXXXXXXXXXXXXX
0730   PCM       1    30  BPAD 17-65            C          XXXXXXXXXXXX XXXXXXXXXXXXXXXX

0800   PCM       1    30  BPAD 17-65            C          XXXXXXXXXXXX XXXXXXXXXXXXXXXX
0830   PCM       1    30  BPAD 17-65            C          XXXXXXXXXXXXXXXXXXXXXXXXXXXX
0930   PCM       1    30  BPAD 17-65            C          XXXXXXXXXXXXXXXXXXXXXXXXXXXX
1000   PCM       1    30  BPAD 17-65            C          XXXXXXXXXXXXXXXXXXXXXXXXXXXX
1030   PCM       1    30  BPAD 17-65            C          XXXXXXXXXXXX XXXXXXXXXXXXXXXX
1100   PCM       1    30  BPAD 17-65            C          XXXXXXXXXXXXXXXXXXXXXXXXXXXX
1130   PCM       1    30  BPAD 17-65            N          XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Press <RETURN> to continue
```

APPOINTMENT STANDARDIZATION

Display Provider Schedules

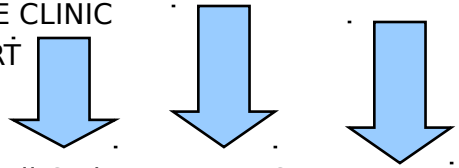
PROVIDER SCHEDULE

Monday 07 Aug 2000

Division: NAVY OP

Clinic: PRIMARY CARE CLINIC

Provider: FROST,ROBERT



Start Time	Appt Type	Slots/ Book	Dur	Detail Codes	WC	Slot Comment	Slot Status
0700	PCM	1	30	BPAD 17-65	C	XXXXXXXXXXXX XXXXXXXXXX	----------
0730	PCM	1	30	BPAD 17-65	C	XXXXXXXXXXXXXXXXXXXXXX	----------
0800	PCM	1	30	BPAD 17-65	C	XXXXXXXXXXX XXXXXXXXXX	----------
0830	PCM	1	30	BPAD 17-65	C	XXXXXXXXXXXXXXXXXXXXXX	----------
0900	PCM	1	30	BPAD 17-65	C	XXXXXXXXXXXX XXXXXXXXX	----------
0930	PCM	1	30	BPAD 17-65	C	XXXXXXXXXXXXXXXXXXXXXX	----------
1000	PCM	1	30	BPAD 17-65	C	XXXXXXXXXXXXXXXXXXXXXX	----------
1030	PCM	1	30	BPAD 17-65	C	XXXXXXXXXXXXXXXXXXXXXX	----------
1100	PCM	1	30	BPAD 17-65	C	XXXXXXXXXXXXXXXXXXXXXX	----------
1130	PCM	1	30	BPAD 17-65	N	XXXXXXXXXXXXXXXXXXXXXX	----------

APPOINTMENT STANDARDIZATION
NON-COUNT APPOINTMENTS

- Workload type for a non-count clinic will always be non-count for all appointments to that clinic. The workload type may not be changed.

- Workload type for a count clinic will default on the appointment slot from the appointment type in the Provider's Profile. The scheduling clerk may correct the value on the appointment slot to non-count.

APPOINTMENT STANDARDIZATION

Booking - Enhancements

- The Detail Code is a new search criteria.
- Up to 3 Detail Codes display on the available Appointment List in place of the slot comment.
- The slot comment must now be viewed by selecting an appointment and pressing F9.
- Detail codes will indicate to the clerk any restrictions on the appointment and should be consulted carefully.
- A Clerk may search for specific types of care using up to 3 detail codes
- In order to appear on the Appointment Display screen, an appointment must contain all the detail codes selected.

APPOINTMENT STANDARDIZATION
Booking - Enhancements

- Clerk has the option to not select a detail code. CHCS will display all the appointment slots with their detail codes. Clerk can review and select the appropriate appointment based on the detail codes displayed.
- CHCS performs no edits based on the detail codes, e.g., will not prevent a male from being booked to a female appointment (yet). Clerk must be alert.
- Clerk has the option to correct the appointment data before filing the appointment, including appointment type and detail codes. Clerk must enter a free text change reason. Appointment slot data remains unchanged.
- Workload Type may also be corrected.

APPOINTMENT STANDARDIZATION

Booking - Guidelines

- When selecting appointments to book, attempt to select the following appointment types for the corresponding Access to Care (ATC) category to maintain consistency. Correct appointment type to match ATC category as necessary.

ATC Category	Appt Type
ACUTE	ACUT
ROUTINE	ROUT
WELLNESS	PCM
WELLNESS	WELL
SPECIALTY	SPEC
SPECIALTY	PROC
FUTURE	EST
GRP	

APPOINTMENT STANDARDIZATION
Booking - Guidelines

- The more search criteria selected, the longer the search will take.
- Detail codes may be the only means to find specific types of care, for example slots reserved for specific types of beneficiary (Medicare) , clinical care (pulmonary function test), classes, or MEB appointments.
- If no detail codes are assigned to an appointment, anyone may be booked to the appointment.

APPOINTMENT STANDARDIZATION

PCM Booking

PCM APPT BOOKING SEARCH CRITERIA

Patient: BLITON,JERALD FMP/SSN: 20/278-55-5025
Patient Type: MCP/ACTIVE DUTY ATC Category: ROUTINE
Place of Care: PRIMARY CARE CLINIC PLOC Phone: 234-5678

Detail Codes: Appt Type:
Provider: PRIMARY CARE GROUP Duration:
Location: 23708 Spec Type:
Clinic Spec:
Provider Spec:
Date Range: 03 Jul 2000 to 10 Jul 2000 Time Range: 0001 to 2400

Days of Week: M TU W TH F SA Su

==========

* Access to Care Category
* Place of Care
Provider
* Appointment Type
* Detail Codes
* Duration
\+ Dates

==========

Select APPT TYPE: ROUT
Select SLOT DURATION: 30 minutes
Select DETAIL CODE: Chol
Select ANOTHER: BPAD
Select ANOTHER:

APPOINTMENT STANDARDIZATION

PCM Booking

PCM MTF BOOKING SEARCH CRITERIA

Patient: BLITON,JERALD FMP/SSN: 20/278-55-5025

Patient Type: MCP/ACTIVE DUTY ATC Category: ROUTINE

Place of Care: PRIMARY CARE CLINIC PLOC Phone: 234-5678

Detail Codes: Chol BPAD Appt Type: ROUT

Provider: PRIMARY CARE GROUP Duration: 30

Location: 23708 Spec Type:

Clinic Spec:

Provider Spec:

Date Range: 03 Jul 2000 to 10 Jul 2000 Time Range: 0001 to 2400

Days of Week: M TU W TH F SA SU

==========

04 Jul 00 MON 0900 ROUT 1/0 30 Chol BPAD

04 Jul 00 MON 0930 ROUT 1/0 30 Chol BPAD

* **04 Jul 00 MON 1030 ROUT 1/0 30 Chol HTN BPAD**

06 Jul 00 MON 1100 ROUT 1/0 30 Chol BPAD BPNPR

==========

Use SELECT key to select appointment(s) to be booked

Press F9 to view additional appointment data

APPOINTMENT STANDARDIZATION

PCM Booking

- FILE APPOINTMENT
- Patient: BLITON,JERALD FMP/SSN: 20/278-55-5025
- Patient Type: MCP/ACTIVE DUTY ATC Category: ROUTINE
- Detail Codes: Chol BPAD Appt Type: ROUT
- Provider: PRIMARY CARE GROUP Duration: 30
- Location: 23708 Spec Type:
- Clinic Spec:
- Provider Spec:
- Date Range: 03 Jul 2000 to 10 Jul 2000 Time Range: 0001 to 2400
- Days of Week: M TU W TH F SA Su
- ==========
- 04 Jul 00 MON 1030 ROUT 1/0 30 Chol HTN BPAD
- ==========
- Select (B)ook appt, (M)odify Appt or (Q)uit FILE APPOINTMENT: B// **M**
- Select APPT TYPE: ROUT
- Select DETAIL CODE:
- Select ANOTHER: BPAD
- Select ANOTHER: Chol
- APPOINTMENT CHANGE REASON: [FREE TEXT]

APPOINTMENT STANDARDIZATION

PCM Booking - F9 Screen

PCM MTF BOOKING SEARCH CRITERIA

Patient: BLITON,JERALD FMP/SSN: 20/278-55-5025

Patient Type: MCP/ACTIVE DUTY ATC Category: ROUTINE

Place of Care: PRIMARY CARE CLINIC PLOC Phone: 234-5678

Detail Codes: Chol BPAD Appt Type: ROUT

Provider: PRIMARY CARE GROUP Duration: 30

Location: 23708 Spec Type:

Clinic Spec:

Provider Spec:

Date Range: 03 Jul 2000 to 10 Jul 2000 Time Range: 0001 to 2400

Days of Week: M TU W TH F SA SU

==========

[MON 1030 PCM 1/0 30

Chol Cholesterol

HTN Hypertension

BPAD ACTIVE DUTY ONLY

SLOT COMMENT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX]

Note: If the authorized user presses the 'EXPAND' key (F9), the appointment data for the selected appointment slot will be displayed in its entirety in the middle window of the BOOKING Search Criteria. The authorized may view the data by pressing 'NEXT' and 'PREV' keys.

APPOINTMENT STANDARDIZATION

PCM Booking - F9 Screen (cont)

- PCM APPT BOOKING SEARCH CRITERIA (continued)
- Patient: BLITON,JERALD FMP/SSN: 20/278-55-5025
- Patient Type: MCP/ACTIVE DUTY ATC Category: ROUTINE
- Place of Care: PRIMARY CARE CLINIC PLOC Phone: 234-5678
- Detail Codes: Chol BPAD Appt Type: ROUT
- Provider: PRIMARY CARE GROUP Duration: 30
- Location: 23708 Spec Type:
- Clinic Spec:
- Provider Spec:
- Date Range: 03 Jul 2000 to 10 Jul 2000 Time Range: 0001 to 2400
- Days of Week: M TU W TH F SA SU
- ==========
- Facility: NBMC NAVSTA SEWELLS ATC Reporting: YES
- Division: NAVY OUTPATIENT DIVISION ATC Category: ACUTE
- Building Name: ATC Standard: 24 HRS
- Building Number:
- Street Address:
- ZIP: 23708
- City: PORTSMOUTH
- State: VIRGINIA
- Name: PRIMARY CARE CLINIC – NO
- Clinic Location:
- Clinic Availability:
- Telephone: 234-5678
- Provider: PRIMARY CARE GROUP
- ==========
- Use NEXT SCREEN/PREV SCREEN keys to view text or Press RETURN to continue (F9 screen)

APPOINTMENT STANDARDIZATION

PCM Booking

PATIENT APPOINTMENT: BLITON,JERALD FILE APPOINTMENT

MON 1030 04 JUL 00 ROUT 1/0 **30** **BPAD** Chol SLOT COMMENTXXXXXXXXXXXXXXXXXX

No reminder notice will be sent. Hand-carry Radiology/Patient records.

O/S Rec Loc:

Clinic Message: NEW PTS ARRIVE 25 MINUTES EARLY

Clinic/Appt Type Instructions: CALL 540-2313 TO CANCEL APPT

Provider Message:

Provider/Appt Type Instructions:

Arrival Message: 15 minutes

Registration Comment:

MEPRS Code: BAAA

Workload Type: COUNT

Requesting Service:

Referred By:

Send Reminder Notice: NO

Appointment Comment:

Reason for Appointment:

Ask for Help = HELP Screen Exit = F10 File/Exit = DO

APPOINTMENT STANDARDIZATION

Non-Enrollee Booking

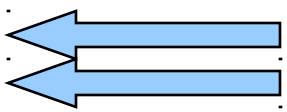
NON-ENROLLEE BOOKING SEARCH CRITERIA

Patient: BLITON,CINDERAL FMP/SSN: 04/278-55-5025
Patient Type: CHAMPUS ATC Category:
Place of Care: PLOC Phone:

Detail Codes: Appt Type:
Provider: Spec Type:
Location: Clinic Spec:
Date Range: 03 Jul 2000 to 14 Aug 2000 Provider Spec:
Time Range: 0001 to 2400 Days of Week: M TU W TH F SA SU

==========

* Access to Care Category
  Location
  Specialty
  Place of Care
  Provider
  Appointment Type
  Detail Codes
+ Duration



==========

Use SELECT key to select SEARCH CRITERIA

APPOINTMENT STANDARDIZATION

Non-Enrollee Booking

- FILE APPOINTMENT
- Patient: BLITON,JERALD FMP/SSN: 20/278-55-5025
- Patient Type: CHAMPUS ATC Category: ACUTE
- Detail Codes: BPTS Appt Type:
- Provider: GENERAL MEDICINE Duration: 30
- Location: 23708 Spec Type:
- Clinic Spec:
- Provider Spec:
- Date Range: 03 Jul 2000 to 04 Jul 2000 Time Range: 0001 to 2400
- Days of Week: M TU W TH F SA SU
- ==========
- * 03 Jul 00 MON 0900 ROUT 1/0 30 PFT BPTS BPNPR
- 04 Jul 00 MON 1030 ROUT 1/0 30 PFT BPTS BPNPR
- ==========
- Select (B)ook appt, (M)odify Appt or (Q)uit FILE APPOINTMENT: B// **M**
- Select APPT TYPE: ACUT
- Select DETAIL CODE: BPTS
- Select ANOTHER:
- Select ANOTHER:
- APPOINTMENT CHANGE REASON: [FREE TEXT]

APPOINTMENT STANDARDIZATION

Referral Booking

- MCP Referral: 20000000110 Referral Date/Time: 10 Jul 2000@1333
- REFERRAL ENTER/EDIT
- Patient: BLITON,JERALD FMP/SSN: 20/278-55-5025
- Pat SSN: 278-55-5025 Sex/DOB/Age: M/01 Jan 1960/40Y
- Pat Cat: USA ACTIVE DUTY OFFICER Patient Type: MCP/ACTIVE DUTY
- Home Zip: 23668 Duty Phone: 619 535 7265
- Home Phone: 619 546 6121 Phone: 619 535 7265
- Case Mgmt Prov: PCM Phone: 234-5678
- PCM: PRIMARY CARE GROUP
- ==========
- Referred by: POTTER,HARRY Referral from: PRIMARY CARE CLINIC
- Priority: PREOP # of Visits Requested: 1
- ATC Category: SPECIALTY Appt Type: SPEC
- Clinic Specialty: CARDIOLOGY Duration: 30
- Prov Specialty: Start Date: 10 Jul 00
- Place of Care: CARDIOLOGY BE Stop Date: 09 Aug 00
- Provider: BRICE,ROBERT Start Time: 0001
- Spec Type: Stop Time: 2400
- Location: Days of Week:
- Language: Prefer Gender:

APPOINTMENT STANDARDIZATION
Referral Booking

- MCP Referral: 20000000110 Referral Date/Time: 10 Jul 2000@1333
  - REFERRAL ENTER/EDIT
- Patient: BLITON,JERALD FMP/SSN: 20/278-55-5025
- Pat SSN: 278-55-5025 Sex/DOB/Age: M/01 Jan 1960/40Y
- Pat Cat: USA ACTIVE DUTY OFFICER Patient Type: MCP/ACTIVE DUTY
- Home Zip: 23668 Duty Phone: 619 535 7265
- Home Phone: 619 546 6121 Phone: 619 535 7265
- Case Mgmt Prov: PCM Phone: 234-5678
- PCM: PRIMARY CARE GROUP
- ==========
- Appointment Detail Code:
  - PFT
  - BPAD
- Reason for Referral:
-
- Provisional Diagnosis (ICD9):
- Provisional Diagnosis (Free Text):
- Referral Procedure:

APPOINTMENT STANDARDIZATION

Referral Booking

- ========== Start Screen 1: ==========
  - SINGLE PATIENT BOOKING
- Patient: BLITON,JERALD — FMP/SSN: 20/278-55-5025
- Patient Type: MCP/ACTIVE DUTY — ATC Category: SPECIALTY
- Place of Care: CARDIOLOGY CARE — PLOC Phone: 234-5678
- Detail Codes: PFT BPAD — Appt Type: SPEC
- Provider: — Spec Type:
- Location: — Clinic Spec:
- Date Range: 10 Jul 2000 to 9 Aug 2000 — Provider Spec:
- Time Range: 0001 to 2400 — Days of Week: M TU W TH F SA
- ==========
- TUE 1000 20 Jul 00 SPEC 1/0 30 PFT BPAD RICHARDS,P
- TUE 1030 20 Jul 00 SPEC 1/0 30 PFT BPAD RICHARDS,P
- TUE 1100 20 Jul 00 SPEC 1/0 30 PFT BPAD RICHARDS,P
- TUE 1130 20 Jul 00 SPEC 1/0 30 PFT BPAD RICHARDS,P
- \+ TUE 1000 23 Jul 00 SPEC 1/0 30 PFT BPAD RICHARDS,P
- ==========
- Use SELECT key to select appointment to be booked
- Press F9 to view additional appointment data

APPOINTMENT STANDARDIZATION
PCM Booking

NON-STANDARD APPOINTMENT TYPES WITH NON-STANDARD DETAIL CODES

APPOINTMENT STANDARDIZATION

PCM Booking - Before APS II

PCM MTF BOOKING SEARCH CRITERIA

- Patient: BLITON,JERALD — FMP/SSN: 20/278-55-5025
- Patient Type: MCP/ACTIVE DUTY — ATC Category: ROUTINE
- Place of Care: PRIMARY CARE CLINIC — PLOC Phone: 234-5678
- Appt Type:
- Provider: RICHARDS,P — Duration: 30
- Location: 23708 — Spec Type:
- Clinic Spec:
- Provider Spec:
- Date Range: 03 Nov 2001 to 10 Nov 2001 — Time Range: 0001 to 2400
- Days of Week: M TU W TH F SA SU

==========

	04 Nov 01 MON	0900 NEW	1/0	ADO F >14 ONLY
	04 Nov 01 MON	0930 ROU	1/0	MTF BOOK ONLY
*	**04 Nov 01 MON**	**1030 FOL**	**1/0**	**MTF-FP-M-ALL**
	06 Nov 01 MON	1100 FOL	1/0	PRI-FP-M-<17

==========

- Use SELECT key to select appointment(s) to be booked
- Press F9 to view additional appointment data

APPOINTMENT STANDARDIZATION

PCM Booking- After APS II

PCM MTF BOOKING SEARCH CRITERIA

Patient: BLITON,JERALD FMP/SSN: 20/278-55-5025
Patient Type: MCP/ACTIVE DUTY ATC Category: ROUTINE
Place of Care: PRIMARY CARE CLINIC PLOC Phone: 234-5678

Detail Codes: Appt Type:
Provider: RICHARDS,P Duration:
Location: 23708 Spec Type:
Clinic Spec:
Provider Spec:
Date Range: 03 Nov 2001 to 10 Nov 2001 Time Range: 0001 to 2400
Days of Week: M TU W TH F SA SU

==========

04 Nov 00 MON 0900 NEW 1/0 30
04 Nov 00 MON 0930 ROU 1/0 15
* **04 Nov 00 MON 1030 FOL 1/0 30**
06 Nov 00 MON 1100 FOL 1/0 60

==========

Use SELECT key to select appointment(s) to be booked
Press F9 to view additional appointment data

APPOINTMENT STANDARDIZATION

PCM Booking - After APS II

- CM - MTF BOOKING SEARCH CRITERIA
- Patient: BLITON,JERALD FMP/SSN: 20/278-55-5025
- Patient Type: MCP/ACTIVE DUTY ATC Category: ROUTINE
- Place of Care: PRIMARY CARE CLINIC PLOC Phone: 234-5678
- Detail Codes: Appt Type: ROUT
- Provider: RICHARDS,P Duration: 30
- Location: 23708 Spec Type:
- Clinic Spec:
- Provider Spec:
- Date Range: 03 Nov 2001 to 10Nov 2001 Time Range: 0001 to 2400
- Days of Week: M TU W TH F SA SU
- ==========
- [MON 1030 FOL 1/0 30
- -
- -
- -
- SLOT COMMENT: **MTF-FP-M-ALL**
- Note: If the authorized user presses the 'EXPAND' key (F9), the appointment data for the selected appointment slot will be displayed in its entirety in the middle window of the BOOKING Search Criteria. The authorized may view the data by pressing 'NEXT' and 'PREV' keys.

APPOINTMENT STANDARDIZATION
Non-Enrollee Booking

STANDARD APPOINTMENT TYPES
WITH STANDARD DETAIL CODES

APPOINTMENT STANDARDIZATION

Non-Enrollee Booking - Before APS II

- TRICARE APPOINTMENT
- Patient: BLITON,JERALD FMP/SSN: 20/278-55-5025
- Patient Type: CHAMPUS ATC Category: ACUTE
- Appt Type:
- Provider: SMITH,G
- Location: 23708 Spec Type:
- Clinic Spec:
- Provider Spec:
- Date Range: 03 Nov 2001 to 04 Nov 2001 Time Range: 0001 to 2400
- Days of Week: M TU W TH F SA SU
- ==========
- * **04 Nov 01 MON 0900 ACUT 1/0 BPAD;0-17;FE**
- 04 Nov 01 MON 1030 ROUT 1/0 BPPR;FlexS
- ==========

Use SELECT key to select appointment(s) to be booked
Press F9 to view additional appointment data

APPOINTMENT STANDARDIZATION Non-Enrollee Booking - After APS II

FILE APPOINTMENT

Patient: BLITON,JERALD FMP/SSN: 20/278-55-5025

Patient Type: CHAMPUS ATC Category: ACUTE

Detail Codes: Appt T

Provider: SMITH,G Duration:

Location: 23708 Spec Type:

Clinic Spec:

Provider Spec:

Date Range: 03 Nov 2001 to 04 Nov 2001 Time Range: 0001 to 2400

Days of Week: M TU W TH F SA SU

==========

* **04 Nov 01 MON 0900 ACUT 1/0 30 BPAD 0-17 FE**

04 Nov 01 MON 1030 ROUT 1/0 30 BPPR FlexS

==========

Use SELECT key to select appointment(s) to be booked

Press F9 to view additional appointment data

APPOINTMENT STANDARDIZATION
Browse - Split and Join

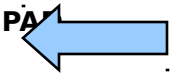
- Use to reconfigure appointment data to match the ATC data relevant to the booked appointment as follows
- Use to change the appointment duration to the appropriate number of minutes.
- Use to correct the appointment type, detail codes, and slot comment to reflect the care to be rendered for the new appointment.
- Use to correct the Workload Type.

APPOINTMENT STANDARDIZATION

Browse - Split and Join

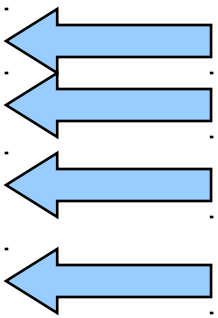
APPOINTMENT SLOTS: 1 SINGLE PATIENT BROWSE - CHANGE

FRI 0700 04 Aug 00 NEW 1/0 60 PE BPA **OPEN**



Clinic: PRIMARY CARE CLINIC
Provider: POTTER,HARRY
Division: NAVY OUTPATIENT DIVISION
Booked appointments:
Maximum overbooks allowed: 0
Day of Week: FRI
Appointment Slot Status: OPEN

Appointment Type: WELL
Workload Type: COUNT
Duration: 45 minutes
Detail Codes:
BPAD
STRESS
Number of patients: 1
Appointment SLOT Comment:



Appointment Change Reason: Appointment Type/Detail value not appropriate

File/exit Abort Edit

APPOINTMENT STANDARDIZATION
Other Booking - Same Functionality

- **Detail Codes and Duration added**
  - Non-MTF Appointing
  - Wait list Request
  - Wait List Processing
  - Automatic Waitlist Processing
  - Cancel by Patient
  - Cancel by Facility
  - Cancellation Notices
  - End of Day Processing

APPOINTMENT STANDARDIZATION
Other Booking - Same Functionality

- **Workload Type added**
  - PCM Booking
  - Non-Enrollee Booking
  - Referral Booking
  - Self-Referral Booking
  - Browse (Split/Join)
  - Unscheduled Visits (Walk-in and Sick Call)
  - Patient Check-In (Individual and Multiple)
  - End of Day Processing
  - WAM (Workload Report)

APPOINTMENT STANDARDIZATION
New Functionality

Self-Referral Booking

APPOINTMENT STANDARDIZATION

Self-Referral Booking

- A new option, SHCF Self-Referral Booking, is available on the Health Care Finder Menu in MCP, or from the main action bar in Health Care Finder Booking.

- AHCF Appointment Order Processing
- BHCF Health Care Finder Bookin
- **SHCF Self-Referral Booking**
- EHCF Enter Appointment Refusals
- CHCF Cancellation by Patient
- OHCF Output Products
- RHCF Health Care Finder Reports Menu
- LHCF Print Patient Address Label
- EENR Enrollment Enter/Edit

- Select Health Care Finder Menu Option: **S**

APPOINTMENT STANDARDIZATION
Self-Referral Booking

- Clinic must have *Self-Referrals Allowed* field set to Yes to book appointments in this function.
- Select Self-Referral from Health Care Finder Menu (SHCF) or the main action bar in HCF.
- Allows a patient to be booked to a specialty clinic only without a referral
- Possible examples of self-referral clinics are: Optometry, PAP, Audiology, Mammography, Physical Exams, Immunizations, Psychiatry, Occupational Health, Dental.

APPOINTMENT STANDARDIZATION

Self-Referral Booking

SELF-REFERRAL SEARCH CRITERIA

Patient: FMP/SSN:

Place of Care: PLOC Phone:

Provider: ATC Category:

Detail Codes: Appt Type:

Time Range: 1454 to 1454 Duration:

Dates: Days of Week:

==========

* Access to Care Category

* Patient

Provider

* Place of Care

* Appointment Type

* Detail Codes

* Duration

\+ Dates

========== Access to Care Category, Patient and PLOC are required ==========

Select Appt Type: WELL

Select DURATION: 30

Select DETAIL CODE:

Select ANOTHER:

APPOINTMENT STANDARDIZATION

Self-Referral Booking

- SELF-REFERRAL BOOKING
- Patient: BROWN,JOYCE FMP/SSN: 30/430-36-2947
- Place of Care: OPTOMETRY PLOC Phone: 230-4666
- Provider: ATC Category: WELLNESS
- Detail Codes: Appt Type: WELL
- Time Range: Duration: 30
- Dates: 07 Nov 01 to 06 Dec 01 Days of Week:
- ==========
- * MON 0900 07 Nov 01 WELL 1/0 30 CRAWFORD,JOAN
- MON 1400 07 Nov 01 WELL 1/0 30 ALEXANDER,NEIL
- WED 0800 10 Nov 01 WELL 1/0 30 MA CAMPBELL,ANN
- ==========
- Use SELECT key to select appointment(s) to be booked
- Press F9 to view additional appointment data

APPOINTMENT STANDARDIZATION
Existing Reports

- **Detail Codes and Duration added**
  - List Appointment Type
  - Clinic Profile List
  - Print Schedules
  - Print Clinic/Provider Rosters
  - Print Outpatient Encounter Form
  - Display Patient Appointments
  - Non-MTF Log Report

APPOINTMENT STANDARDIZATION

Existing Reports

- ================================ Start Screen 1:
  ==
- 30 Jun 2000@1005 Page 1
- PROVIDER SCHEDULE
- Monday 07 Aug 2000
- Division: NAVY OP
- Clinic: PRIMARY CARE CLINIC
- Provider: FROST,ROBERT
- Start Appt Slots/ Book **Dur** **Detail Codes** Slot Comment Slot Status
- ==========
  ==========
- 0700 PCM 1/0 30 PE BPAD XXXXXXXXXXXXXXXXXXXXX ----------
- 0730 PCM 1/0 30 PE BPAD XXXXXXXXXXXXXXXXXXXXX ----------
- 0800 PCM 1/0 30 PE BPAD XXXXXXXXXXXXXXXXXXXXX ----------
- 0830 PCM 1/0 30 PE BPAD XXXXXXXXXXXXXXXXXXXXX ----------
- 0900 PCM 1/0 30 PE BPAD XXXXXXXXXXXXXXXXXXXXX ----------
- 0930 PCM 1/0 30 PE BPAD XXXXXXXXXXXXXXXXXXXXX ----------
- 1000 PCM 1/0 30 PE BPPR XXXXXXXXXXXXXXXXXXXXX ----------
- 1030 PCM 1/0 30 PE BPPR XXXXXXXXXXXXXXXXXXXXX ----------
- 1100 PCM 1/0 30 PE BPPR XXXXXXXXXXXXXXXXXXXXX ----------
- 1130 PCM 1/0 30 PE BPPR XXXXXXXXXXXXXXXXXXXXX ----------

APPOINTMENT STANDARDIZATION

Existing Reports

========== Start Screen 1:
==========

DISPLAY PATIENT APPOINTMENTS
Personal Data - Privacy Act of 1974 (PL 93-579)
FUTURE APPOINTMENTS FOR SPALDING,BEVERLY A 31/595-10-3377

CLINIC/DIV	APPT TYPE/DUR	PROVIDER	DATE/TIME	DETAIL CODE	STATUS
PRIMARY CARE CLINIC /N-IN		PETERSON,PET	02 Jul 2000@1300	PCM 30	PENDING
				PE BPPR	

WAIT LIST REQUESTS FOR SPALDING,BEVERLY A 31/595-10-3377

CLINIC/DIV	DETAIL CODE	APPT TYPE/DUR	PRI	DATE IN	TARGET DATE	PROVIDER
PRIMARY CARE CLINIC /N-IN	SPEC	30		02 Jul 2000	01Aug 2000	
				SCOLI BPPR		

Press <RETURN> to continue

APPOINTMENT STANDARDIZATION
New Reports

- Self-Referral Appointment Booking Report (Health Care Finder Reports Menu)
  Lists self-referrals issued by division, clinic, and provider.
- Appointment Detail Code Schedule Utilization Report (Health Care Finder Reports Menu)
  Helps sites perform schedule planning analysis. Shows utilization of each detail code or of a combination of detail codes in schedules (not for booked appointments).

APPOINTMENT STANDARDIZATION
New Reports

- MENU PATH: C=>PAS=>M=>HMCP=>RHCF=>**17 or 18**

- 1 Agreement Type Referral Summary
- 2 Specialty Type Referral Summary
- 3 Provider Network List
- 4 PCM Activity Report
- 5 Provider Patient Workload Report
- 6 Refused Appointments Report
- .
- .
- 15 Requesting Location Referral Statistics
- 16 Consult Delta Time Rpt for Reviewing and Appting
- **17 Self-Referral Booking Report**
- **18 Appointment Detail Code Workload Report**

- Select Health Care Finder Reports Menu Option: **17**

APPOINTMENT STANDARDIZATION

Self-Referral Booking Report

PORTSMOUTH VA 10 Aug 2000@0813 Page 1
Personal Data - Privacy Act of 1974 (PL 93-579)
SELF-REFERRAL BOOKING
From: 01 Jul 2000 To: 31 Jul 2000
Division: PORTSMOUTH Clinic: OPTOMETRY

Appt Date/Time	Appt Type	Dur	Detail Code	Patient	FMP/SSN
Clinic Specialty: OCCUPATIONAL HEALTH					
Provider: SLOAN,MARK					
01 JUL 00 0700	WELL	30	BPAD	BLITON,JERALD	20/442-46-4725
01 JUL 00 0730	WELL	30	BPAD	ANDERSON,FREDRICK	20/430-18-3498
31 JUL 00 0800	WELL	30	BPPR	WARWICK,ANNE	30/234-50-3285
.....					
Provider Subtotal: 51					
Provider: POTTER,HARRY					
05 JUL 00 0700	WELL	30	BPAD	BLITON,MARK	20/342-20-8623
05 JUL 00 0730	WELL	30	BPPR	ANDERSON,MARIA	30/430-18-3498
30 JUL 00 0800	WELL	30	BPPR	LUKE,ANNE	30/004-50-5510
.....					
Provider Subtotal: 37					
Clinic Specialty Subtotal: 88					
Clinic Total: 384					
Division Total: 1027					

APPOINTMENT STANDARDIZATION

Appointment Detail Code Schedule Utilization Report

NMC PORTSMOUTH VA 07 Aug 2000@1041 Page 1

APPOINTMENT DETAIL CODE SCHEDULE UTILIZATION REPORT
From: 01 Jul 2000 To: 15 Jul 2000

Division: PORTHSMOUTH Clinic: PRIMARY CARE

Appt Type / Detail Code	# Slots Created	# Slots Modified	#Fac Canc	# Booked Appts	Appointments Available to Patients: Unbooked Appt Slots: Frozen	Open	Waited	Total	% Booked	% Unbooked
Provider: ANDERSON,MATTHEW										
WELL										
[No Detail Codes]	50	20	0	30	0	0	0	0	100.00	0.00
PE BPAD	50	0	0	25	0	25	0	0	50.00	50.00
PE BPPR	20	0	0	20	0	0	0	0	100.00	0.00
Subtotal:	120	20	0	75	0	25	0	0	75.00	25.00
SPEC										
ANGER	50	20	0	30	0	0	0	0	100.00	0.00
ANGER BPAD	50	0	0	25	0	25	0	0	50.00	50.00
ANGER BPPR	20	0	0	20	0	0	0	0	100.00	0.00
Subtotal:	120	20	0	75	0	25	0	0	75.00	25.00
Provider Subtotal:	240	40	0	150	0	50	0	0	75.00	50.00
Clinic Subtotal: :	240	40	0	150	0	50	0	0	75.00	50.00

APPOINTMENT STANDARDIZATION

- **Note**
  - Walk-in and Sick Call appointments will default to the Workload Type in the Clinic or Provider Profile. Clerk with appropriate security key may correct the Workload Type.
  - For count clinics, clerks will change the Workload Type on an appointment in End of Day Processing as necessary.

APPOINTMENT STANDARDIZATION

How to Set Up the New Tools

APPOINTMENT STANDARDIZATION
Site Preparation - Conversion

- The APS II conversion will be run at installation to convert Templates and Schedules to: (1) set up new Workload Types and (2) move up to 3 Detail Codes from the slot comment field to the new Detail Code fields.
  - Workload Type - automatic
  - Detail Codes from the Slot Comment - optional
  - **If elect to convert Detail Codes, only appointment slots with standard appointment types will be converted.**

APPOINTMENT STANDARDIZATION
Site Preparation - Conversion

- **Workload Type**
  - Convert all Templates and only Schedules starting on the first of the month prior to the conversion, i.e., if conversion run 15 October, convert schedules beginning 1 September.
  - Fill in Workload Type data in the appointment slot
  - Appointment slots for all Non-Count clinics will always be non-count
  - Appointment slots for Count clinics will default from the appointment type in the Provider Profile - similar to current functionality

APPOINTMENT STANDARDIZATION

Site Preparation - Conversion

- **Detail Codes**
  - Convert all Templates and only Schedules starting on the first of the month prior to the conversion, i.e., if conversion run 2 October, convert schedules beginning 1 September.
  - Only the first 3 valid Detail Codes from the Slot Comment field will be inserted into the new Detail Code fields. *The codes MUST be in the Detail Code file*
  - Slot comment text will contain only detail codes and text that were not converted

APPOINTMENT STANDARDIZATION

Site Preparation - Conversion

- Detail code conversion is case sensitive. Sites should review slot comments to make sure detail codes are properly coded.
- Detail Codes must be delimited by a semicolon except the last entry, I.e., BPAD;0-12
- Make sure that any text delimited by a semicolon that resembles a Detail Code is not in the slot comment field, e.g., user initials
- **Important: Make sure all patient age codes are entered in the Detail Code file prior to the conversion. WEA and WEX will already be there.**

APPOINTMENT STANDARDIZATION

Site Preparation - Conversion

- Coordination between the MID CHCS Administrator and the Appointments Officer or Access Manager is recommended prior to installing APS II.

APPOINTMENT STANDARDIZATION
Site Preparation - File and Table

- Immediately following installation of APS II, sites must set the *Medical Appointment Type* to YES in the Appointment Type file for non-standard appointment types. Otherwise those appointment types can not be used to build templates/schedules.
- Each clinic should set up their clinic-defined help list of detail codes in the Clinic Profile.
- Detail codes are case sensitive. Match the case.

APPOINTMENT STANDARDIZATION
Site Preparation - File and Table

- Self-Referral clinics should set the *Self-Referrals Allowed* flag to YES in the Clinic Profile and populate the clinic specialty field.
- Some examples of self-referral clinics are Optometry, PAP, Audiology, Mammography, Physical Exams, Immunizations, Psychiatry, Occupational Health, Dental. This depends on the site.

APPOINTMENT STANDARDIZATION

Site Preparation - File and Table

- Clinic and Provider Profiles should be updated with the standard appointment types.
- Otherwise Clinic or Provider Profiles work as they always have.

APPOINTMENT STANDARDIZATION
Site Preparation - Schedules

- Primary Care Templates and Schedules that have not already been converted to the standard appointment types and detail codes should be converted if your TRICARE contract is ready to go.
- Convert Specialty Templates and Schedules only if TRICARE contract is ready to go.
- Short Term (APS I): Update slot comments in Templates and Schedules with the one or several detail codes as free text delimited by semicolons.
- Long Term (APS II): Enter Detail Codes in Templates and Schedules

APPOINTMENT STANDARDIZATION

Site Preparation - Workload Type

- When sites have an issue related to count or non-count workload, they first need to consult their local MEPRS and ADS experts for guidance.

APPOINTMENT STANDARDIZATION
Site Preparation - Dental & Ancillary

- Some sites will not convert to the new nine appointment types for dental and ancillary care. They may be allowed to book using PAS as a secondary menu option with their own appointment types.
- Other sites are booking dental appointments using the MCP Referral Booking module with the nine standard appointment types. They are creating referrals for each appointment as required. These sites will be able to track access standards for dental care.

APPOINTMENT STANDARDIZATION
Site Preparation - Security

- Assign the SD APPT STAND security key to those who will add/enter/correct appointment types and detail codes and to those scheduling supervisors who will enter detail codes in the medical Clinic Profiles.
- Assign SD WK LOAD security key to those will be permitted to update the Workload Type in Templates, Schedules, and Booking functions

APPOINTMENT STANDARDIZATION
Site Preparation - Security

- Assign SD APPT STAND and SD WK LOAD keys using the ASK - Allocation of Security Keys Option on the Menu Management Option in the Systems Menu
- Define a security key in the Appointment Change Authority screen in the Clinic and Provider Profiles to allow the user to correct specific appointment types.

APPOINTMENT STANDARDIZATION

REGIONAL AND LOCAL STAFF ROLES

- The Lead Agent will be responsible for coordinating site-defined detail codes across the region.
- The Lead Agent will monitor the use of all standard data elements, and of standard and recommended clinic names. Clinic names that are not included in the standard or recommended name sets should be standardized at the regional level as much as possible.
- An Access Standards Manager should be assigned to manage appointing standards at the MTF level.

APPOINTMENT STANDARDIZATION
Where to go for information

- TRICARE Access Imperatives Web Site
  - http://tricare.osd.mil/tai
  - *Commander's Guide for Access Success*
    - »Suggested implementation steps
    - »Code operational definitions
  - Under Software Enhancements, reference:
    - »APS I PR&DD Document
    - »APS II PR&DD Document
    - »APS II Addendum

APPOINTMENT STANDARDIZATION CBT Training

- An MCP Advanced Computer Based Training (CBT) course has been prepared by the government
- An APS II Enhancements Upgrade is in the queue.
- The CBT will be available on the web and on CD ROM.
- The CBT will demonstrate how to book appointments in the MCP Healthcare Finder module and to build schedules and templates.